

**System Priority: Coordination of State and Local Public Health System Partnerships**  
**Objective 3: Developing a Data System to Collect, Manage, Assess and Evaluate Partnerships**

**Long-term (2010) Subcommittee Outcome Objective:** By December 31, 2010, the Department of Health and Family Services maintains an electronic public health data system that collects critical public/private health partnership indicators.

Concept: Develop a data system for collection and management of information on partnerships, partners and health improvement activities for assessment and evaluation.

Key considerations for the objectives: The public health data system needs to include information about the partnerships, activity and outcome data for all partners contributions to *Healthiest Wisconsin 2010* need to be included in the data system.

Inputs	Outputs		Outcomes		
	Activities	Participation/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
Resources to develop and operate the data system	The Taskforce on Partnerships will provide a written recommendation listing the data elements for inclusion in the public health data system	Division of Public Health.	By December 31, 2002, the Department of Health and Family Services will identify and purchase the technology needed to operate an electronic database.	By December 31, 2005, the Department of Health and Family Services will operate a data system that will collect indicators about public/private health partnerships.	By December 31, 2010, the Department of Health and Family Services maintains an electronic public health data system that collects critical public/private health partnership indicators.
Members' time	The Taskforce on Partnerships will gather and publish baseline data including: Current operating partnerships; Public and private funds supporting strategies to impact on health priorities identified in Healthiest Wisconsin 2010; Health priorities being addressed; Success over the past four years.	Governmental, public, private, nonprofit, and voluntary sector partnerships	By December 31, 2003, the Department of Health and Family Services will develop and pilot a data collection tool including indicators related to public/private health partnerships.	By December 31, 2006, 75% of public/private health partnerships will report partnership indicators.	
Consultation from the public health data system administrator		Local health departments.			
Data collection and analysis of results	The Department of Health and Family Services data system will include a section about public/private health partnerships with the elements and analysis consistent with the Taskforce on Partnership's recommendations.	Tribes.			
Technical assistance from Division of Public Health Regional Offices	The Department of Heath and Family Services will publish an annual public health data system report, which will include a section on public/private health partnerships.				

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	Activities	Participation/ Reach	Short-term 2002-2004	Medium-term 2005-2007	Long-term 2008-2010
	<p>The Taskforce on Partnerships will provide a written recommendation of the elements needed for the Geographic Information</p> <p>System to display existing public/private health partnerships cross-referenced with health indicators to show the health impact.</p> <p>The Department of Health and Family Services will include geographic information system data about public/private health partnerships in the annual report.</p>				

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**and Evaluate Partnerships**

**Long-term (2010) Subcommittee Outcome Objective:**

By December 31, 2010, the Department of Health and Family Services maintains an electronic public health data system that collects critical public/private health partnership indicators.

Wisconsin Baseline	Wisconsin Sources and Year
None, this is a developmental objective only.	

Federal/National Baseline	Federal/National Sources and Year
None, this is a developmental objective only.	

Related USDHHS Healthy People 2010 Objectives			
Chapter	Goal	Objective Number	Objective Statement
None identified			

Definitions	
Term	Definition
Public health system partnerships	In Wisconsin, partnerships are defined as collaborative, synergistic alliances of diverse public health partners working towards community and population health improvement in areas too complex for one entity to accomplish. Public health system partnerships vary in their organizational structure, developmental stage, geographic focus, resource availability and purpose. Operationally, these partnerships may share information, coordinate health related services, identify health issues, set goals for action, plan and implement strategies and activities, and evaluate outcomes. Public health system partners include individual residents and diverse governmental, public, private, nonprofit, and voluntary organizations, agencies, and groups.

**Rationale:**

To assess the effectiveness of partnerships, it is vital to have an electronic data system to supply baseline and trend data needed to evaluate partnership building outcomes. The system will identify partners involved, the location and focus of the partnerships and the benefit to the communities where public/private health partners are working together. The data will be beneficial in developing future policy. The system will provide evidence of the transformation of the public health system through public/private health partnerships.

**Outcomes:**

**Short-term Outcome Objectives (2002-2004)**

By December 31, 2002, the Department of Health and Family Services will identify and purchase the technology needed to operate an electronic database.

**Inputs** (*What we invest – staff, volunteers, time, money, technology, equipment, etc.*)

- Resources and staff to develop the data system. The system will support web-based data entry and analysis by partnership members. At a minimum, data elements will include:
  - Location of partnership
  - Focus area(s) of partnership
  - Partnership members by affiliation
  - Funding and budget information
  - Locally identified measurable objectives
  - Six and twelve month progress on objectives

**Outputs:** (*What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.*)

- The Taskforce on Partnerships will provide a written recommendation listing the data elements for inclusion in the public health data system

By December 31, 2003, the Department of Health and Family Services will develop and pilot a data collection tool including indicators related to public/private health partnerships.

**Inputs** (*What we invest – staff, volunteers, time, money, technology, equipment, etc.*)

- Members' time
- Department of Health and Family Services resources and staff
- Data collection and analysis of results

**Outputs:** (*What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.*)

- The Taskforce on Partnerships will gather and publish baseline data including: current operating partnerships; public and private funds supporting strategies to impact on health priorities identified in *Healthiest Wisconsin 2010*; health priorities being addressed; successes over the past four years.

**Medium-term Outcome Objectives (2005-2007)**

By December 31, 2005, the Department of Health and Family Services will operate a data system that will collect indicators about public/private health partnerships.

**Inputs** (*What we invest – staff, volunteers, time, money, technology, equipment, etc.*)

- Resources and staff to develop and operate the data system.

**Outputs:** (*What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.*)

- The Department of Health and Family Services data system will include a section about public/private health partnerships with the elements and analysis consistent with the Taskforce on Partnership's recommendations.

By December 31, 2006, 75% of public/private health system partnerships will report partnership indicators.

**Inputs** (*What we invest – staff, volunteers, time, money, technology, equipment, etc.*)

- Technical assistance from Division of Public Health Regional Offices

**Outputs:** (*What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.*)

- The Department of Health and Family Services will publish an annual public health data system report to include a section on public/private health partnerships.

By December 31, 2007, the Department of Health and Family Services will develop a geographic information system, which will identify public/private health partnership successes in 6 areas.

**Inputs** (*What we invest – staff, volunteers, time, money, technology, equipment, etc.*)

- Consultation from the public health data system administrator

**Outputs:** (*What we do – workshops, meetings, product development, training. Who we reach – community residents, agencies, organizations, elected officials, policy leaders, etc.*)

- The Taskforce on Partnerships will provide a written recommendation of the elements needed for the Geographic Information System to display existing public/private health partnerships cross-referenced with health indicators to show the health impact.
- The Department of Health and Family Services will include geographic information system data about public/private health partnerships in the annual report.

### **Evaluation and Measurement:**

The data system will provide reports that demonstrate accomplishment toward the partnership objectives. These include:

- critical public/private health partnership indicators
- partnerships that report significant systems or health conditions changed
- partnerships that report they have met their strategic goals

### **Crosswalk to Other Health and System Priorities in Healthiest Wisconsin 2010**

*Integrated Electronic Data and Information Systems:* A data system with the capacity to collect and analyze information related to partnerships and their success is essential to demonstrate success.

*Sufficient, Competent Workforce:* Inclusion of education related to developing and sustaining partnerships is needed for partnerships to flourish in Wisconsin.

*Equitable, Adequate and Stable Financing:* Although one of the benefits of partnerships is the opportunity to bring additional resources to bear on health problems, adequate basic funding is necessary for the initiation and maintenance of partnerships.

### **Significant Linkages to Wisconsin's 12 Essential Public Health Services**

*Monitor health status to identify community health problems:* Partnerships are key to monitoring health status and identifying emerging health problems. A wealth of data is available through local clinics, schools, emergency rooms, emergency medical services, dentists, mental health providers, zoning departments, parks and recreation departments and others that provide information about the health of the community that is not available through statewide data sources.

*Identify, investigate, control, and prevent health problems and environmental health hazards in the community:* Community partners are essential in all aspects of identification and control of health problems. Health care providers are part of the system of surveillance; health professionals, law

enforcement and employers may be involved in investigation and the entire community is involved in disease prevention and control.

*Educate the public about current and emerging health issues:* Media, health care providers and local businesses are all examples of partners who participate in providing current health information.

*Promote community partnerships to identify and solve health problems:* Community partnerships improve integrated delivery of health care and prevention services. Partnerships prevent unnecessary duplication of services and gaps in service.

*Create policies and plans that support individual and community health efforts:* Community partnerships are effective in changing the health culture in a community.

*Enforce laws and regulations that protect health and insure safety:* Promotion of partnerships to include traditional and non-traditional partners will raise the awareness of laws and regulations that protect the health and insure the safety of every community. With committed partnerships, enforcement will be strengthened and promoted through the planning and implementation of enforcement strategies.

*Link people to needed health services:* Partnerships which reflect the diversity of Wisconsin including populations with disparate health conditions will strengthen existing systems and provide opportunities to link people to needed health services.

*Assure a diverse, adequate, and competent workforce to support the public health system:* Partnerships can help develop and sustain needed educational and training opportunities. Partnerships, which reflect the diversity of Wisconsin including populations with disparate health conditions, will assure the opportunities to increase diversity within the public health workforce.

*Evaluate effectiveness, accessibility, and quality of personal and population-based health services:* State and local partnerships provide the opportunities for evaluation of current existing health services.

*Conduct research to seek new insights and innovative solutions to health problems:* Partnerships provide the infrastructure in which stakeholders influence the pursuit of new and innovative research opportunities.

*Assure access to primary health care for all:* Partnerships develop and sustain the infrastructure supporting a wide range of health services with the capacity to reach populations with special needs and unique circumstances. Partnerships can adapt to the specific access issues that differ in communities.

*Foster the understanding and promotion of social and economic conditions that support good health:* The involvement of stakeholders outside the health arena is essential in the development of an economic environment that can support preventive health and health promotion policies.

## **Connections to the Three Overarching Goals of Healthiest Wisconsin 2010**

*Protect and promote health for all:* The involvement of stakeholders outside the health arena is essential in the development of an economic environment that can support preventive health and health

promotion policies. Partnerships strengthen and build the public health infrastructure, which assures the protection and promotes the health of the every community.

*Eliminate health disparities:* Development of partnerships to address health problems assures that affected groups are involved in developing strategies to impact on disparities.

*Transform Wisconsin's public health system:* A hallmark of the transformation of the public health system will be the establishment and maintenance of vibrant and successful partnerships that improve community health. The development and sustainability of viable public health partnerships is achieved through the collaborative leadership of state and local public health departments, which will provide an inclusive and responsive public health system.

### **Key Interventions and/or Strategies Planned:**

Two levels of data need to be collected. A data collection tool will be developed and piloted in order to compile baseline data. The Taskforce on Partnerships (or its subsequent form) needs to have partnership specific information such as name of organization, address, phone number, e-mail, etc., for those partnerships who want to be eligible for funding and want technical assistance. The public health data system needs to collect more global data that will be used to identify geographic coverage, success of partnerships in meeting their strategic goals and success of partnerships in changing one or more significant systems or health conditions that support *Healthiest Wisconsin 2010*. Data items for the public health data system include: number of organizations in the partnership, which sectors are represented, base line data for the health priorities of focus and data reflecting successes over the past year, funding sources, cost to operate.

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